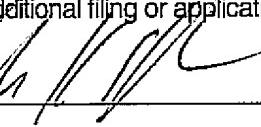


AMENDMENT TRANSMITTAL LETTER				Docket No. HOI-14302/16
Application No. 10/560,519-Conf. #5664	Filing Date March 20, 2006	Examiner M. C. Henry	Art Unit 1623	
Applicant(s): Inge Dorthe Hansen				
Invention: TREATMENT OF SYMPTOMS ASSOCIATED WITH BACTERIAL VAGINOSIS				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
Total Claims	29	Highest Number Previously Paid	Number Extra Claims Present	Rate
Independent Claims	3	- 32 =	0	x 26.00 0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00				
<input type="checkbox"/> Large Entity		<input checked="" type="checkbox"/> Small Entity		
<input checked="" type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 07-1180 as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
Dated: October 13, 2008				
 Julie K. Staple Attorney/Agent Reg. No.: 50,434				
GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 2701 Troy Center Drive, Suite 330 Post Office Box 7021 Troy, Michigan 48007-7021 (734) 913-9300				